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| <b>MULTIPLE DEPENDENT CLAIM<br/>FEE CALCULATION SHEET</b><br>Substitute for Form PTO-1360<br>(For use with Form PTO/SB/06) |          |        |  | Application Number<br>10/554,105 |                         | Filing Date<br>24 August, 2006 |                 | <input type="checkbox"/> To be Mailed |        |             |        |       |        |
|--|----------|--------|--|----------------------------------|-------------------------|--------------------------------|-----------------|---------------------------------------|--------|-------------|--------|-------|--------|
|  |          |        |  | Applicant(s) AKAHORI ET AL.      |                         |                                |                 |                                       |        | Page 1 of 1 |        |       |        |
| * May be used for additional claims or amendments  |          |        |  |                                  |                         |                                |                 |                                       |        |             |        |       |        |
| CLAIMS   | AS FILED |        | AFTER FIRST<br>AMENDMENT<br>04/24/2009 |                                  | AFTER SEC.<br>AMENDMENT |                                | *               |                                       |        | *           |        | *     |        |
|  | Indep    | Depend | Indep                                  | Depend                           | Indep                   | Depend                         |                 | Indep                                 | Depend | Indep       | Depend | Indep | Depend |
| 1  |          |        | 1                                      |                                  |                         |                                | 51              |                                       |        |             |        |       |        |
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| Total<br>Indep   |          |        | 2                                      |                                  |                         |                                | Total<br>Indep  |                                       |        |             |        |       |        |
| Total<br>Depend  |          |        |  | 2                                |                         |                                | Total<br>Depend |                                       |        |             |        |       |        |
| Total<br>Claims  |          |        | 4                                      |                                  |                         |                                | Total<br>Claims |                                       |        |             |        |       |        |

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Part of Paper No20090507-1.